

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	J.G.		7/1/99
O.I.P.E. CLASSIFIER		X3	7/8/99
FORMALITY REVIEW	AB	#07033	7-9-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1 1/3	7/1/99
2 1/2	7/1/99
3 3/4	7/1/99
4 1/1	7/1/99
5 1/5	7/1/99
6 1/6	7/1/99
7 1/7	7/1/99
8 1/8	7/1/99
9 1/9	7/1/99
10 1/10	7/1/99
11 1/11	7/1/99
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Claim	Date
Final	
Original	
51 1/51	7/1/99
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here